



**INSTRUCTIONS FOR COMPLETING
OPEN WINDOW OPPORTUNITY
APPLICATION FOR TEMPORARY SPECIALTY
ELECTRICIAN PERMIT AND SPECIALTY
ELECTRICIAN EXAMINATION**

APPLICATION MUST BE RECEIVED BY Sept 30, 2004

This is the application form for the Washington State temporary specialty electrician permit and specialty electrician's examination as described in WAC 296-46B-940 (28) and 296-46B-950. To avoid delays in the processing of your application, please ensure that you have included all of the items required in the list provided below. Applications received without all the requested information will be denied. You must:

- Complete the entire application including the work history portion.
- Date and sign the application in the **Applicant's Signature** block.
- Include the appropriate fee (see below). Make checks payable to: **Department of Labor and Industries**
- Supply **notarized** verification of your previous work experience showing you meet the minimum hour requirements for certification as listed in WAC 296-46B Table 945-1 on the **Affidavit for Previous Experience In Open Window Specialties** form completed by your employer or your employers authorized representative.

OR

Provide a photocopy of your Unified Business License if you are self-verifying previous electrical training experience in an open window specialty listed in WAC 296-46B-950.

FEES (Applications for Temporary Specialty Electrician Permit and Specialty Electrician Examination):

Specialty electrician application fee:	\$73.30
Temporary specialty electrician permit fee:	<u>\$22.70</u>
TOTAL FEE DUE WITH APPLICATION:	\$96.00

NOTES:

For the 06A and 06B specialties your experience must have been obtained prior to September 30, 2000.

For the 03A, 07, 07A, 07B and 10 specialties your experience must have been obtained prior to June 30, 2001.

For the 07C, 07D and 07E specialties your experience must have been obtained prior to April 22, 2003.

Allow at least 4 - 6 weeks processing time under normal circumstances.

When your application has been approved we will send you an approval letter with the necessary contact information for the testing agency. Do not contact LaserGrade until you get your approval letter from the department.

A separate fee for the specialty electrician examination must be paid directly to the testing agency. You will be responsible for scheduling your examination with the testing agency.

You may obtain the electrical laws and rules chapter 19.28 RCW, 296-46B WAC and information regarding the examination, including testing outlines, on the electrical website listed in the upper left hand corner of this application.

When you successfully pass the examination the department will mail your specialty electrician certificate to you in approximately 4 weeks.

Refer to WAC 296-46B-950 Table 950-1 (5) & (6) for additional information on applying previous work experience credit gained using this application toward journeyman certification.

You must pass the appropriate specialty electrician examination by the date your temporary specialty electrician permit expires to continue working in the electrical trade unless you obtain an electrical training certificate (see RCW 19.28.161). When the temporary permit expires you **will not lose** your eligibility for the examination and you can continue taking it until you pass it.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE TUMWATER L&I OFFICE AT (360) 902-5269.

MAIL APPLICATION AND FEE TO:
 Department of Labor and Industries
 Electrical Licensing & Certification
 PO Box 44460
 Olympia, WA 98504-4460
 www.Lni.wa.gov/scs/electrical



OPEN WINDOW OPPORTUNITY APPLICATION FOR TEMPORARY SPECIALTY ELECTRICIAN PERMIT AND SPECIALTY ELECTRICIAN EXAMINATION

APPLICATION MUST BE RECEIVED BY Sept 30, 2004

Mail a check or money order payable to the Department of Labor and Industries for \$96.00

NOTE: A separate fee for administering the examination must be paid directly to the exam contractor.

Application fee	\$73.30
Temporary permit	\$22.70
TOTAL DUE	\$96.00

Name (<i>Last name, first name, middle initial</i>)			Birth Date
Mailing Address			Social Security Number
City	State	Zip Code	Daytime Phone (<i>Include area code</i>)

Check the specialty electrician temporary permit and examination you are applying for (*see WAC 296-46B-920 for scope-of-work details.*)

- | | |
|---|--|
| <input type="checkbox"/> (03A) Domestic Well | <input type="checkbox"/> (07B) Residential Maintenance |
| <input type="checkbox"/> (06A) HVAC/refrigeration Systems | <input type="checkbox"/> (07C) Restricted Nonresidential Maintenance |
| <input type="checkbox"/> (06B) HVAC/refrigeration - Restricted | <input type="checkbox"/> (07D) Appliance Repair |
| <input type="checkbox"/> (07) Nonresidential Maintenance | <input type="checkbox"/> (07E) Equipment Repair |
| <input type="checkbox"/> (07A) Nonresidential Lighting Maintenance & Retrofit | <input type="checkbox"/> (10) Door, Gate, & Similar Systems |

Have you previously been a certified electrician or trainee with this agency? ☐ Yes ☐ No

Is this your first application for an electrician exam or certificate with this agency? ☐ Yes ☐ No

- All applications and documents submitted become the property of the Department of Labor and Industries. Include the proper fees and a notarized Affidavit for Previous Experience in Open Window Specialties with your application.
- To qualify for a specialty exam, you must file affidavits verifying that you meet the minimum eligibility requirements listed in WAC 296-46B Table 945-1.
- Keep informed about the electrical industry by joining the electrical listserv so you can receive automatic e-mail notices from the department. Visit our electrical website at the address listed in the upper left hand corner of this application.

Employment History

Name of employer	Date From	Date To
Address	City	State Zip Code
Position—Job Duties		

Name of employer	Date From	Date To
Address	City	State Zip Code
Position—Job Duties		

I have read the scope of work that I am applying for and understand that I will be tested on the entire scope of work detailed under this specialty. I declare under penalty of perjury under the laws of the state of Washington that the forgoing is true and correct

Date	Applicant's Signature
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This section for departmental use only

Approved? <input type="checkbox"/> Yes	Effective Date mo day year	Expiration Date mo day year	<input type="checkbox"/> H status	Specialty Code	Certificate number
	<input type="checkbox"/> No	Denial Reason Code	<input type="checkbox"/> U status	Processors Initials	Date Processed



AFFIDAVIT FOR PREVIOUS EXPERIENCE IN OPEN WINDOW SPECIALTIES

APPLICATION MUST BE RECEIVED BY Sept 30, 2004

I, _____ **affirm**

PRINT name of Employers Authorized Representative (i.e.: Owner, Supervisor, Manager)

and certify that

PRINT name of Applicant

Social Security Number

has worked for

PRINT name of Employer/Company

UBI Number

from

to

Month Day Year

Month Day Year

performing electrical work in the following category for a total of (enter the number of hours worked next the appropriate specialty)

- See WAC 296-46B-920 for details on scope-of-work in the electrical specialties. All training hours must be submitted in the proper category.
- Forms will not be accepted if they contain errors, white outs, alterations or additions because this is a legal document.
- **For the 06A and 06B specialties your experience must have been obtained prior to September 30, 2000.**
- **For the 03A, 07, 07A, 07B and 10 specialties your experience must have been obtained prior to June 30, 2001.**
- **For the 07C, 07D and 07E specialties your experience must have been obtained prior to April 22, 2003.**

Hours	Category	Hours	Category
_____	(03A) Domestic Well	_____	(07B) Residential Maintenance
_____	(06A) HVAC/refrigeration Systems	_____	(07C) Restricted Nonresidential Maintenance
_____	(06B) HVAC/refrigeration Restricted	_____	(07D) Appliance Repair
_____	(07) Nonresidential Maintenance	_____	(07E) Equipment Repair
_____	(07A) Nonresidential Lighting Maintenance & Retrofit	_____	(10) Door, Gate, and Similar Systems

I hereby certify that the statements on this affidavit are true and accurate. I further state that I have read and understand the scope of work in WAC 296-46B-920 for the specialty marked and this employee did perform those duties.

(See chapter 19.28 RCW and chapter 296-46B WAC for penalties for false statements or material misrepresentations.)

Date:	<i>Signature of Employers Authorized Representative</i>
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SIGNATURE MUST BE NOTARIZED

NOTARY
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME ON	MY COMMISSION EXPIRES ON:
DATE:	
NOTARY PUBLIC IN AND FOR THE STATE OF:	RESIDING AT:

NOTARY SIGNATURE

Approved?			Reason Code	# Hours Submitted	# Hours Denied	# Hours Approved	Initials	Date
	<input type="checkbox"/>	<input type="checkbox"/>						
	Yes	No						